

More Examples of Bilateral Simultaneous Tubal Ectopic Pregnancy in a Developing Community

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Abstract

Among the Igbo ethnic group in Nigeria, twin pregnancy is known to be common. A rare form published previously consisted of two cases occurring in the capital city of Enugu within a fortnight; during it, each tube exhibited its own fetus. Incidentally, both patients were twins themselves. Concerning the present two examples, both were documented also in Enugu, the capital city. This phenomenon was noted 4 times in Indian Journals. Their discussion is deemed to be worthy of documentation.

Keywords: Fallopian tubes; Tubal pregnancies; Twinning; Igbo ethnic group; Nigeria

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Introduction

An indigenous ethnic group in Nigeria is the Ibo or Igbo [1]. Previously, the author co-authored 2 cases aged 23 years and 28 years respectively with coexisting bilateral tubal pregnancies [2]. These are acknowledged to be a rarity. Incidentally, from India, four typical cases have been documented [3-6]. Bilateral simultaneous tubal ectopic pregnancy (BTP) is acknowledged as the rarest forms of ectopic pregnancy. Therefore, another 2 cases are worthy of documentation from the community which had previously been the source of this rare entity.

Case Reports

Case 1: A Para 0, 20-year-old Igbo woman, complained of generalized abdominal pain of a week's duration with associated watery stooling and vomiting. She was menstruating. Clinically, she was ill-looking, febrile, pale, and anicteric with thready pulse and low blood pressure. There was generalized abdominal tenderness. Left abdominal quadrant tap was hemorrhagic. As urgent Laparotomy revealed the presence of conceptus materials in both tubes, biopsies were carried out. Two masses were received by the senior author (WO). On microscopy, both showed the presence of chorionic villi classically.

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Case 2: MO, a 35-year-old woman with unstated parity came with low abdominal pain, bleeding per vaginam and fainting attack of a day's duration. Pregnancy test was positive. At operation, the tissues from the points of ruptures from both tubes were biopsied and submitted to the senior author (WO) who found thus:

Specimen A – 5 cm tube with distended middle portion

Specimen B – 2 cm distorted mass with obvious chorionic villi.

On microscopy, each tube manifested clots and chorionic villi abundantly.

Discussion

While this report was in preparation, classical cases in two other Igbo patients came to our knowledge [7]. Incidentally, both were managed expeditiously and the recovery was each uneventful. Their emphases were on the need for early presentation, high index of suspicion, good case selection, and judicious intra-operative suspicion of the contralateral tube and histology of the specimens.

From India [8], it was the opinion of Rani and Puliath that “Bilateral ectopic pregnancies are increasing due to an increase in the incidence of pelvic inflammatory disease and increase in assisted reproductive techniques.” Moreover, Saudi Arabian authors were also of this view [9]. In our local case, much as the possibility of pelvic inflammatory disease cannot be discounted, there was no question as to the use of assisted techniques of reproduction.

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